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0015/P10

Re. 6,85

U S Department of Commerce

Patent and Trademark Office

Attorney Docket Number

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

Declaration Submitted with Initial Filing      OR       Declaration Submitted After Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe I am the original first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PACKAGING COMPRISED OF A FOIL-SHAPED COMPOSITE MATERIAL AND METHOD FOR PRODUCING SAID PACKAGING**

*(Title of the Invention)*

the specification of which

is attached hereto

OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application

Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 56

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country     | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Copy Attached? YES       | Copy Attached? NO        |
|-------------------------------------|-------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| 111/99                              | SWITZERLAND | 01.21.1999                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PCT/CH00/00002                      | PCT         | 01.04.2000                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |             |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |             |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> | Additional provisional application numbers are listed on a supplemental priority sheet attached hereto. |
|-----------------------|--------------------------|--------------------------|---|
|                       |                          | <input type="checkbox"/> |   |

## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the last paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

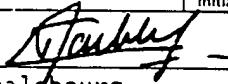
| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--------------------------------|-------------------|---------------------------------|--------------------------------------|
|                                |                   |                                 |                                      |

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

| Firm Name  | Fisher, Christen & Sabol |      | Payor Number<br>(if applicable) |
|--|--------------------------|------|---------------------------------|
| Name   | Registration Number      | Name | Registration Number             |
| Virgil H. Marsh  | 23,083                   |      |                                 |
| Kara M. Armstrong  | 38,234                   |      |                                 |
| <input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. |                          |      |                                 |

|   |                                      |           |                                 |
|---|--------------------------------------|-----------|---------------------------------|
| <input type="checkbox"/>  | Please direct all correspondence to: | Name      | Virgil H. Marsh                 |
| Address   |                                      |           | Fisher, Christen & Sabol        |
| Address   |                                      |           | Suite 1401, 1725 K Street, N.W. |
| City  | Washington                           | State     | D.C.                            |
| Country   | USA                                  | Zip       | 20006                           |
|   |                                      | Telephone | (202)659-2000                   |
|   |                                      | Fax       | (202)659-2015                   |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                      |           |                                 |

|  |   |                |   |             |         |                     |        |
|--|---|----------------|---|-------------|---------|---------------------|--------|
| Name of Sole or First Inventor:  |   |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |         |                     |        |
| Given Name   | Claude  | Middle Initial | A.  | Family Name | Marbler | Suffix              |        |
| Inventor's Signature   |  |                |   |             | Date    |                     |        |
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| Post Office Address: 40a rue des Calvaires, F-57370 Phalsbourg, France |   |                |   |             |         |                     |        |
| City   | Phalsbourg  | Postal Code    | F-57370   | Country     | France  | Applicant Authority |        |
| <input checked="" type="checkbox"/>                                    | Additional inventors are being named on supplemental sheet(s) attached hereto       |                |   |             |         |                     |        |

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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

|  |            |                |         |   |        |                      |
|--|------------|----------------|---------|---|--------|----------------------|
| Name of Additional Joint Inventor, if any:                             |            |                |         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |        |                      |
| Given Name   | Sabine     | Middle Initial |         | Family Name   | Cerf   | Suffix               |
| Inventor's Signature   |            |                |         |   |        | Date <u>15.06.04</u> |
| Residence: City  | Sarrebourg | Country        | France  | Citizenship French  |        |                      |
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| City   | Sarrebourg | Postal Code    | F-57400 | Country   | France | Applicant Authority  |
| Name of Additional Joint Inventor, if any:                             |            |                |         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |        |                      |
| Given Name   |            | Middle Initial |         | Family Name   |        | Suffix               |
| Inventor's Signature   |            |                |         |   |        | Date                 |
| Residence: City  |            | Country        |         |   |        | Citizenship          |
| Post Office Address:   |            |                |         |   |        |                      |
| City   |            | Postal Code    |         | Country   |        | Applicant Authority  |
| Name of Additional Joint Inventor, if any:                             |            |                |         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |        |                      |
| Given Name   |            | Middle Initial |         | Family Name   |        | Suffix               |
| Inventor's Signature   |            |                |         |   |        | Date                 |
| Residence: City  |            | Country        |         |   |        | Citizenship          |
| Post Office Address:   |            |                |         |   |        |                      |
| City   |            | Postal Code    |         | Country   |        | Applicant Authority  |
| Name of Additional Joint Inventor, if any:                             |            |                |         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |        |                      |
| Given Name   |            | Middle Initial |         | Family Name   |        | Suffix               |
| Inventor's Signature   |            |                |         |   |        | Date                 |
| Residence: City  |            | Country        |         |   |        | Citizenship          |
| Post Office Address:   |            |                |         |   |        |                      |
| City   |            | Postal Code    |         | Country   |        | Applicant Authority  |